

# Crisis deepens in Australia's emergency departments

John Mackay  
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Emergency departments (EDs) across Australia face a growing crisis in 2023, with reports of long wait times, life-threatening delays and dangerous understaffing.

A recent survey by the Australasian College for Emergency Medicine (ACEM) highlighted a national shortage of emergency doctors. The survey found ED directors were expecting widespread shortages in 2023, including shortfalls of 28 percent for specialist trainees, 30 percent for junior medical officers and 10 percent for senior decision-makers. The ACEM said this was a product of staff leaving due to unsustainable working conditions.

The crisis is particularly acute in rural, regional and remote EDs, where staff shortages are as high as 85 percent for specialist trainee roles, 66 percent for junior medical officer positions and 22 percent for senior decision-making roles.

In December, the *Age* reported that Victorian EDs were experiencing such a significant staffing crisis that they were often forced to run at reduced capacity and many staff were working double or extra shifts to cover absences. Doctors expressed concern that smaller EDs, particularly in regional areas, would be forced to close because they could not operate safely.

Dr Andy Tagg, deputy chair of ACEM's Victorian faculty, told the *Age* that EDs were regularly short of junior doctors, nurses and senior consultants. ACEM President Dr Clare Skinner said burnt-out colleagues were facing "some of the busiest, most crowded shifts they've ever worked in their lives." There were "significant" numbers of patients with COVID or disease exacerbated by COVID.

Senior emergency doctor Simon Judkins told the *Age* some EDs, particularly those in regional areas of Victoria, could be considered "sometimes unsafe" due to the lack of staff.

He said: "I think there's a lot of EDs moving into [2023] who are really looking at their roster templates and thinking 'how the hell are we actually going to get by? There [are] so many gaps in their rosters that they are concerned about the safety of their ED.'"

Understaffing has been exacerbated by the ongoing wave of COVID-19 infections, the product of the "let it rip" COVID policies embraced by all Australian governments, federal and state alike. In the second week of December, some 1,500 staff were unable to work due to COVID-19 infection across Victorian hospitals.

The crisis in emergency care is reflected in figures tabled in the Victorian state parliament last month, which showed hundreds of people have waited more than 24 hours in emergency departments. Western Health, which serves a major working-class region of the state's capital, was the worst performing area. Sunshine Hospital emergency department recorded 366 patients forced to wait more than 24 hours for treatment in 2021-22. At Footscray hospital, 65 people waited more than 24 hours.

This crisis is mirrored across the country. Bed-block and increased ambulance ramping outside overcrowded emergency departments have been reported in every state and territory in recent months.

In Queensland, recent government figures show that between June and September, 6,979 patients waited more than 24 hours in emergency departments, across the state's 26 largest hospitals.

In Western Australia, ambulances spent 66,000 hours ramped outside hospitals in 2022, the worst annual figure on record.

In New South Wales, between July and September 2022, just 65.6 percent of ED patients were treated within the timeframe appropriate for the severity of

their injury or illness, 9 percentage points lower than in 2021. In working-class Western Sydney, just 43.2 percent of patients received timely emergency care, down from 52.4 percent the previous year.

The healthcare crisis was also highlighted in South Australia last month, with the resignation of a high-ranking emergency physician from Royal Adelaide Hospital. Dr Megan Brooks issued a four-page letter warning that the hospital's emergency department lacked the "resources to provide timely and safe patient care."

Focusing her criticism on the hospital's finance and planning leadership, she wrote: "If the clinical teams conducted our work with the same flagrant disregard for basic governance processes and professionalism, we would be at risk of being barred from clinical practice... It offends our very humanity, and flies in the face of all that we are trained to do... we have looked every one of those patients in the eye and been forced to decide that another human being needs care before them."

In response to the letter, state Labor Health Minister Chris Picton acknowledged the hospital system was suffering from "years of neglect." The Labor party regained office in South Australia last year after a campaign focussed on the disastrous state of the public health system. But when Labor was last in office, from 2002 to 2018, it slashed health spending, presided over rising levels of ambulance "ramping" and shut down hospitals, including the Adelaide General Repatriation Hospital. Labor, moreover, has accelerated the "let it rip" COVID policies that are overwhelming the healthcare system.

At the end of December, the Tasmanian branch of ACEM issued a press release entitled "Tasmania's emergency doctors: healthcare staff are breaking," after a "code yellow" was issued at the Royal Hobart Hospital. Dr Juan Asceno-Lane, Tasmanian chair of ACEM, explained: "What [a code yellow] means, in real life, is that the hospital and interconnected health system are overwhelmed. There are far too many sick and injured people, and there are not enough trained staff and beds to cope with demand."

Asceno-Lane continued: "No one wants to watch elderly patients, who are so confused and disorientated from being stuck in the ED for days and days, due to a lack of spaces in care or hospital, that they must be sedated."

The nationwide crisis is the product of decades of funding cuts to public healthcare under successive state and federal governments, Labor and Liberal-National. This offensive is only being deepened under the Albanese Labor government.

Federal budget papers handed down in October revealed payments to the states and territories for public hospitals are expected to decrease by more than \$755 million this financial year and \$2.4 billion over four years.

The Labor government has also refused to increase Medicare consultation rates for doctors, which have been frozen for most of the past decade. This is increasingly driving doctors, including GPs, to abandon "bulk-billing" and demand up-front payments from patients that will only be partially reimbursed. Those who cannot afford to pay are forced to attend hospital emergency clinics for medical assistance, putting further strain on public hospital emergency departments.

Throughout Australia and around the world, health systems are in crisis. This cannot be resolved under capitalism, which subordinates the health and lives of ordinary working people to the demands of the corporate and financial elite for ever-increasing profits and harsh cuts to social spending.

What is required is a political struggle, led by rank-and-file committees of health workers, to establish workers' governments and implement socialist policies. This includes reversing the decades-long bipartisan privatisation drive and placing the entire hospital system under genuine public ownership and democratic workers' control, along with the major corporations and banks.

Only in this way can the highest standard of healthcare be made freely available to all, with decent wages and conditions for every worker in the health system.



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